

(1) PLACE OF BIRTH

County of AndersonTownship of Harlem

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Register Only

31684

Registration District No. 315 Registered No. 85

(For use of Local Registrar)

2) Full Name of Child Colin Ernest

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy(4) Twin or Triplet? No

(5) Number in order of birth

to be entered only in case of twins or triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH Nov. 15, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Smith(9) PRESENT POSTOFFICE OF FATHER Liberty SC 172(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 26

(Years)

(12) BIRTHPLACE SC(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE May Street(15) PRESENT POSTOFFICE OF MOTHER Liberty SC 172(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 27

(Years)

(18) BIRTHPLACE SC(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive, at 4:40 M. on the date above stated. (Hour A. M. or P. M.)(22) (Signature) J. C. Street(23) State whether Physician or Midwife (24) Address of Physician or Midwife Liberty SC 172

Given name added from a supplemental report

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Registrar

(25) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(26) Filed Nov. 15, 1922

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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